

PUBLIC AND MEDIA EVENTS

AGENCY CODE/NAME

OMB NO. 0938-0850

Presenter*	Ship User ID	First Name	Last Name	Affiliation (Agency)	Total Hours Spent On Activity
Primary Presenter					
Second Presenter					
Third Presenter					
Fourth Presenter					
Fifth Presenter					
Sixth Presenter					

* CAN ENTER UP TO 25 PRESENTERS / STAFF CONTRIBUTORS PER EVENT - RECORD ANY ADDITIONAL PRESENTERS ON BACK OF FORM

ACTIVITY OR EVENT (ONLY ONE PER FORM)

Interactive Presentation To Public. Face To Face In-Person.

Est # Of Attendees

Est Persons Provided Enrollment Assistance

Booth Or Exhibit. At Heath Fair, Senior Fair, Or Special Event.

Est # Of Direct Interactions With Attendees

Est Persons Provided Enrollment Assistance

Dedicated Enrollment Event Sponsored By SHIP Or In Partnership.

Est # Persons Reached At Event Regardless Of Enroll Assistance

Est # Persons Provided Any Enrollment Assistance

Est # Provided Enrollment Assistance With Part D

Est # Provided Enrollment Assistance With LIS

Est # Provided Enrollment Assistance With MSP

Est # Provided Enrollment Assist Other Medicare Program

Radio Show. Live Or Taped. Not A Public Service Announce Or Ad.

Est # Of Listeners Reached

TV Or Cable Show. Live Or Taped. Not A Pub Srv Announce Or Ad.

Est # Of Viewers Reached

Electronic Other Activity. PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat

Est Persons Viewing Or Listening Across Entire Campaign

Print Other Activity. Newspaper, Newsletter, Pamphlets, Fliers, Posters, Targeted Mailings

Est Persons Reading Article, etc. - Across Entire Campaign

Start Date Of Activity

End Date Of Activity

Event Or Group Name - Required

Contact First Name - Optional

Contact Last Name - Optional

Contact Phone Number - Opt.

State Code of Event

County of Event - Required

Zip Code of Event - Required

City of Event - Required

Street Address of Event - Required

NATIONWIDE AND CMS SPECIAL USE FIELDS (CIRCLE ONLY ONE)

01 1 - MIPPA LIS 2 - MIPPA MSP 3 - MIPPA LIS & MSP

TOPIC FOCUS - CHECK ALL THAT APPLY

Medicare Parts A And B

Plan Issues - Non-Renewal, Termination, Employer-COBRA

Long-Term Care

Medigap - Medicare Supplements

Medicare Fraud And Abuse

Medicare Prescription Drug Coverage - PDP / MA-PD

Other Prescription Drug Coverage - Assistance

Medicare Advantage

QMB - SLMB - QI

Other Medicaid

General Ship Program Information

Medicare Preventive Services

Low-Income Assistance

Dual Eligible With Mental Illness Mental Disability

Volunteer Recruitment

Partnership Recruitment

Other Topics - Describe:

TARGET AUDIENCES - CHECK ALL THAT APPLY

Medicare Pre-Enrollees - Age 45-64

Medicare Beneficiaries

Family Members - Caregivers Of Medicare Beneficiaries

Low-Income

Hispanic, Latino, Or Spanish Origin

White, Non-Hispanic

Black, African American

American Indian Or Alaska Native

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Native Hawaiian

Guamanian Or Chamorro

Samoan

Other Asian

Other Pacific Islander

Some Other Race-Ethnicity

Disabled

Rural

Employer-Related Groups

Mental Health Professionals

Social Work Professionals

Dual-Eligible Groups

Partnership Outreach

Presentations To Groups In Languages Other Than English

Other Audiences - Describe:

STATE AND LOCAL SPECIAL USE FIELDS

01 02 03 04 05 06 07 08 09 10

SHICK adapted 10/2010 - FORM CMS-10028B (07/13)